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# THE CHILD

NOVEMBER 1953

# TO KEEP UP HOME-BOUND CHILDREN'S MORALE

**MARGERY D. McMULLIN**

BEFORE my 8-year-old son died, 16 years ago, he was confined to bed for many months. At that time I became sharply aware of the boredom and loneliness that a bedridden child faces.

Such a child cannot go outdoors to play actively, and thus loses many opportunities arising from the adventuresome spirit of growing children. And he is usually deprived of the mental and emotional stimulation that other children can give him.

I learned also how much can be done by adults in providing a homebound child with opportunities for activities suitable to his condition.

After my son's death I determined to try to help other physically disabled children to live happier lives. But—just *how* to help them was the question. I knew that some devastating diseases restrict a child's activities for months, or years, or even permanently, but I knew little about them. I knew there must be many children with these diseases in my city, New York, but I didn't know how to reach them.

The doctor who had cared for my son suggested that I work as a volunteer in a hospital to learn more about these children. This I did for the next 2 years, in the pediatric clinic at New York Hospital. During that time, I had the opportunity of talking about the recreational needs of home-bound children with professional workers—doctors, nurses, medical social workers, and so forth. I also talked with mothers of children with long-term or chronic diseases; and all were anxious to get some help for their ill child.

The New York City Board of Education was providing for the children's formal education, but this did not cover their recreational needs. Many of the mothers, though they wanted to spend time with the sick child, were too busy doing housework and caring for other members of the family to pay attention to the child's need for diversion. Often a mother was too bewildered by the physical aspects of the child's illness.

My friends and I began to feel that an answer to these children's needs could be provided. We talked about a plan to provide volunteers who would go into the homes of children chronically ill and work toward building up their morale by helping them to engage in recreational activities.

The professional workers with whom we discussed the plan were interested in providing recreational activities for their patients, though many of them had grave doubts as to whether this type of program could be successfully carried out by untrained people. Could a volunteer recognize his place in the professional picture? Could a volunteer be sympathetic and friendly without becoming too emotionally involved with the child and his family? Could a volunteer keep within the bounds of the work and refrain from giving advice that should come from hospital personnel?

### Many questions arose

We all wondered how a volunteer would be accepted by the family. Would the parents resent the visits? Would they feel that an outsider was intruding? Would they feel that the visitor was checking up on their home life and activities? Would the parents understand and be helped by such a service?

And could a person without specialized handicraft training or skills con-

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tribute enough to the child's well-being to warrant such a program?

By June 1939 we had decided to test the idea. Beginning with home visits to six children with cardiac conditions, referred to us by the social-service division of New York Hospital, several of us launched what is now the Handicapped Children's Home Service, a voluntary, nonprofit agency. (We then called it "Diversional Home Service for Convalescent Children.")

The first group of volunteer visitors was made up of my friends and of students from Teachers College, Columbia University. During the first months, a small room in my home served as an office, and a nearby private school generously gave storage space for recreation equipment. Funds for office supplies, telephone service, and handicraft materials were given by friends.

News of the work spread rapidly by word of mouth to other hospitals, and more children were added to our list. Soon we needed additional volunteers, and we found them readily among students from various colleges, housewives, and men and women in business and professional life.

As the Service grew, so did the need for more money to carry on and expand it.

By 1941, the value of a volunteer program had been established, and many lay and professional people were keenly interested in the development of the Service. A group of 31 persons, including doctors, medical social workers, educators, and business people, formed an association to carry out the program, with a board of directors to govern it.

Today, after more than 6,000 visits to over 300 children in 14 years, the purpose, function, organization, and structure of the Service are fundamentally the same as at the beginning. In 1945 the Service was incorporated, and the original ungainly name was changed to the present one. The board is now larger, more active, and more diversified.

### Professional guidance needed

The names of children who need home visits are still referred to us by social-service departments of the hospitals, where the children are clinic patients who are on a regimen of complete bed rest or of restricted activity. But 13 more hospitals have been added to the one that referred children to us at the start. The policy of hospital referrals is followed, not only in order to reach the children who most need home visits, but also to enable us to receive the supervision and guidance of hospital personnel—indispensable in a program using untrained volunteer workers.

The Service tries to give each child stimulating occupations adapted to his age, his physical condition, and his interests. Each visitor is assigned to a specific child, and visits him once a week, bringing handicraft materials, books, toys, games, and the like. A visitor may bring something new each time, or he may bring a series of materials relating to a specific field in which the child is developing interest. The visitor helps him to become familiar with the material, works with him as he learns to use it, and encourages his progress.

Nearly every child who is visited carries on some sort of handicraft, but other activities also are undertaken. If a child shows a keen interest in a hobby, the visitor will try to help him expand this interest. Music or art lessons are often given. With the consent of the hospital and the family, children who are up and about and those in wheelchairs may be taken out—to a museum, a ball game, a park, or a movie, or for a walk.

The boys and girls visited are from 6 to 21 years of age. Visits are made without regard to race or religion.

Many of the children referred for help have various forms of heart disease. Others are cerebral-palsied, or suffer from muscular dystrophy. Still others have poliomyelitis, or nephritis, or tuberculosis, or other diseases.

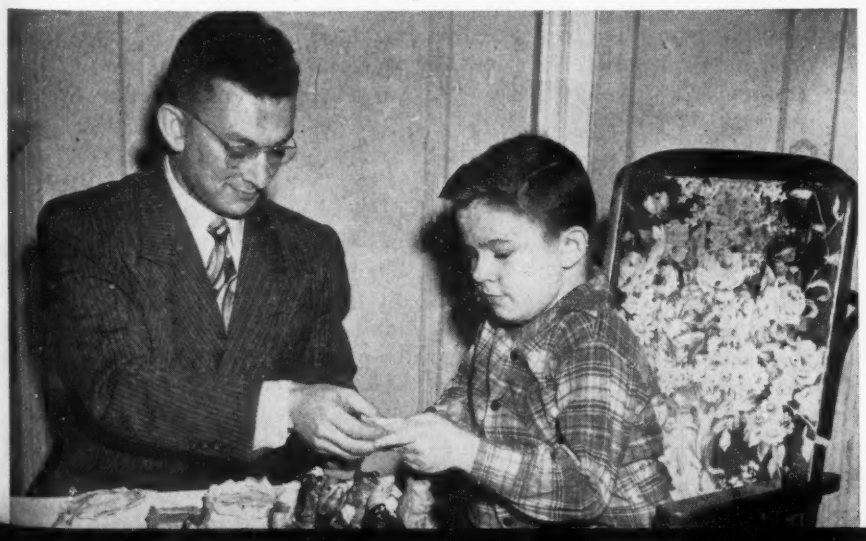
Although the Service now has a paid staff of three, including a supervisor, a great deal of the clerical work and all the visiting is done by volunteers. The volunteer visitors are recruited through churches, schools, clubs, colleges, and so forth.

Handicapped Children's Home Service is one of three organizations that offer required field work for academic credits in a course in vocational rehabilitation at New York University. Some other colleges list the Service as one of the agencies where students may get practical experience, though they do not give credits for such work.

Volunteers are asked to perform three duties: To visit a child each week for at least an hour, to write a report of each visit on a form, and to attend biweekly meetings. At some meetings, a doctor or a medical social worker discusses a special professional aspect of the program. At others, instructions are given in simple handicrafts and the use of play materials. Again, a meeting may concentrate on discussion of individual children.

As a rule, our most effective volunteers are employed people and college students. Employed people usually ar-

**With his visitor's help and encouragement, this boy is increasing his skill in clay modeling. What is more important, the boy has developed an interest in life that he formerly lacked.**



range their visits for evenings or week ends; college students have visiting times that fit their schedules. The best ages for this work are from the early twenties to about 45. People below that age group usually have insufficient confidence in their own judgment and are still living too sheltered a life. Older people as a rule are not sufficiently flexible, and may be unable to adapt themselves to families whose life patterns are different from theirs. We have found, however, notable exceptions among both younger and older people.

Many volunteers find that their visits have values—real though intangible—in their own lives. As one visitor said, "I soon discovered that while I was giving something in these visits, I was receiving much more."

When new volunteers wish to join us we ask them to fill out an application form and we interview them at some length. In this way, we learn something of each one's educational background, interests, and skills, so that we can make suitable assignments.

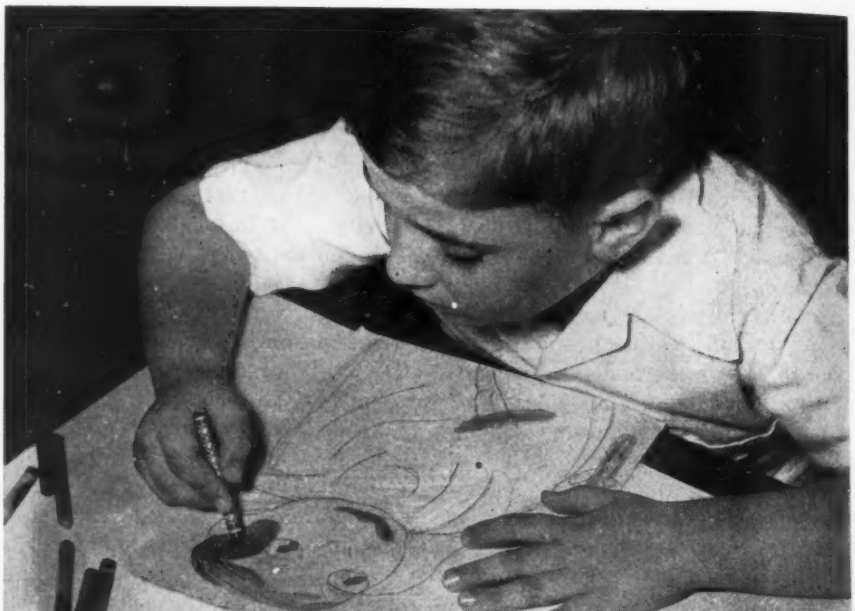
Before assigning a volunteer to a specific child, we pass on to him the information the referring hospital has given us about the child's interests, his disability, his family, and his general home situation.

On the first visit to the home a staff member accompanies the volunteer. Some volunteers work with the same child for months or years, others for briefer periods. Students usually take part in the program only during one or two school terms.

After each visit the volunteer fills out a report form describing briefly what took place. He notes the length of the visit; the items of equipment taken and their cost; carfare and other expenses. We require at least a brief report on these essentials, but also we try to train the volunteer to include whatever information might be helpful to the medical social worker or the doctor in charge of the case.

We send a copy of each report to the hospital that referred the child to us; and the hospitals tell us that these reports often throw light on pertinent aspects of the child's condition and the family situation — information that the hospital is often unable to get because of lack of time for home visits by the medical social worker.

The children enjoy contributing to, and reading, a monthly mimeographed magazine called *The Children's Telescope*, which the Service issues. It contains pictures, stories, poems, letters, and articles by the children themselves, and news items about what they are doing. The children take turns as editor, with the help of a specially assigned volunteer. They are encouraged to send in material for the publication, and topics are suggested for them to write about or illustrate. The magazine is an important morale builder; through it the children make friends, write letters to one another, and feel themselves part of a group.



**Cartooning has become this handicapped boy's hobby since his visitor recognized his talent. The boy and the visitor discuss cartoon ideas, and the visitor brings drawing materials.**

### How the Service works

In all the work, two principles are followed: 1. Attention shall be given to the special needs and circumstances of each particular child. (No stereotyped methods are employed.) 2. No activity shall be forced on a child. (Each activity is allowed to grow naturally out of the preceding one to the greatest extent possible.)

The method of work can best be shown through an example:

George had been hospitalized with rheumatic fever for a large part of his 16 years. He also had a spastic right hand. When referred to the Service, he was at home on complete bed rest. He was timid and shy, and had become quite neurotic and deeply depressed. His family took good care of his physical needs, but they were overly anxious and solicitous, afraid to have him do anything. George spent his time worrying about his health and reading comics.

When referring the boy's name to the Service, the medical social worker described his home situation and his attitudes. The doctor felt that George should have a variety of quiet occupations. Both the medical social worker and the doctor assured the family that any activities developed by the visitor would not harm the boy.

The Service volunteer assigned to George had had wide training in handicrafts, and also a great gift of ingenuity. Finding out that the boy's

chief interest was in writing, she encouraged him to carry out an idea he had had for some time—the formation of a club for handicapped writers. She urged him to write to the editor of a writers' bulletin; the letter was published and George immediately received answers from shut-in writers from all over the country. His volunteer visitor helped him set up a filing system for the letters.

In connection with a newspaper that the club was planning, he learned to carry out a simple duplicating process. The speed with which all this happened was very stimulating to George. He was kept too busy with club activities to brood about his illness; and, through letters from a number of invalids much worse off than he was, began to realize that other people had problems also.

Early in the series of visits, George expressed interest in learning shorthand, but said that the orthodox systems were too difficult for him. Fortunately, his visitor was familiar with a kind of shorthand suited to the boy's abilities, and lessons began at once. The course occupied 6 weeks, and George practiced and studied every day between visits. By the end of that time, he had fully mastered the theory of the system and had put in a good deal of practice.

Meanwhile, the visitor considered the possibility of his learning bookbinding as a handicraft. George first expressed interest in such an activity, but when it was demonstrated for him he was discouraged, and said he would not be able to learn it because it required precise manual skill. After studying the boy's physical difficulties, however, the visitor worked out several ingenious tools and gadgets to make the manual work easier. When the shorthand course was completed, she brought this special equipment and showed George how to use it. He was eager to try it out, and soon succeeded in rebinding a music book for a friend.

The effect on George was remarkable. In fact, the psychological results were as marked as the physical progress. When he found himself able to accomplish craft work that he had considered beyond his capacity his self-confidence rose to a new high. In addition, the visitor was able to impress on him the idea that similar methods might be applied to many of his other difficulties, that the mechanics of doing things were simply an "engineering problem."

After a few months George's health improved enough so that he could attend school, and the Service visits ended. By this time his attitude and that of his parents toward his illness had changed greatly.

This boy's experience was, of course, unusual in that so much was accomplished in a short time. But it sums up the Service's methods and the way in which it tries to change the boredom and frustration of prolonged illness into constructive accomplishment.

### When a new program is begun

Because we are often asked how a similar service can be started in another community, it is appropriate to pass on some suggestions that might help others initiate such a program.

**1. Community interest.** Essential to the success of such a program is the interest of the community, especially of three groups: (a) Professional people, (b) organizations whose members would be potential sources for volunteers, and (c) business and community leaders.

a. The professional people should include not only hospital personnel, but educators, public-health nurses, and workers in related fields.

b. The organizations—obviously indispensable—include church groups, social and business clubs, employee organizations, and colleges. Contacts with these should be constantly expanded, for their varying viewpoints bring a freshness of approach otherwise lacking.

c. The business and community leaders should bring most of the financial help, which is especially important if the service is to run as an independent agency. These men and women should also assume the responsibility for educating the public about the work, its significance, and its value to the community.

**2. Children to be visited.** The decision as to the children who are to have the opportunity for receiving service must be made in the individual community on the basis of the need and of the help available.

Some of the children will be referred by hospitals or social-service agencies; others by private physicians or the parents themselves.

The abilities of the volunteers will also affect the decision on what children can be accepted. Blind or mentally subnormal children, for example, would need visitors with special training or guidance.

And, of course, work with preschool children differs from that with 6- to 12-year-olds; and both differ from work with older boys and girls.

**3. Size and type of the staff.** The work of volunteers must be supervised by agency staff, and our experience indicates that, in such a highly individualized program, the absolute maximum of cases that can be properly supervised by one person is 50—and 40 would be a better figure. Besides the executive supervisor (or supervisors), the staff must include some full-time paid office help. Volunteer help can be useful in an office, but the keeping of accurate records should be the responsibility of a paid worker.

Medical social service is one of the essentials of a home-service program. If this service is not available through the referring agencies, a medical social worker should be available on a consultation basis or be included on the staff. An occupational therapist with special skills in working with volunteers would be a highly desirable addition as well.

**4. Support of the program.** There should be a clear idea of what financial help can be counted on. Salaries for the supervisor and office help must be paid, and expenses of the office, including supplies.

Some communities hold a once-a-year drive to raise funds for the support of all the agencies. But in most places fund raising is a necessary part of an organization's activities.

Support for the Handicapped Chil-

(*Continued on page* 46)

# FOR MIGRANT FAMILIES

## Ranch owners join with public and voluntary groups to provide community services

**MRS. I. H. TEILMAN**

COTTON has been grown in California's San Joaquin Valley for 30 years or more, but during the past decade production has skyrocketed so that cotton has become the State's leading crop. This has brought to the Valley counties, especially Fresno County, a great increase in the number of agricultural laborers and their families.

Until the boom, Fresno County's west side—now the site of enormous cotton ranches—was practically undeveloped. All the towns of any size, with their health and welfare facilities, had grown up on the east side. The county hospital, for example, is in the city of Fresno, 40 or 50 miles from any of the camps where the cotton workers live.

Hundreds of these camps, housing from 500 to 2,000 people each, are located on the great cotton ranches. The ranches, 3,000 to 68,000 acres in size, may employ 10,000 migrants at peak times, and many other workers who are permanent residents.

Some of the migratory workers also consider the county their home. Since cotton is the last crop of the year, many of the workers, who travel about in the spring and summer following various crops, not only stay in the camps on the cotton ranches through the usual picking season—from September to the end of January—but remain there until April, unemployed. Some stay on at that time to do cotton chopping, or thinning.

Conditions in some labor camps in various parts of the country have been described again and again—crowded, dirty tents and cabins; babies malnourished and ill, lying exposed to flies and filth, or sketchily tended by an older child who should be in school; 3- and 4-year olds uncared for while their mothers work. This is part of the picture in many of these westside cotton camps.

Lack of sanitation leads to a high incidence of infant diarrhea, and babies in the camps have died from this disease because they were so far away from medical care. The rate of death from infant diarrhea in the San Joaquin Valley counties has for many years been consistently higher than that for the State as a whole.

### An emergency strikes

By late fall of 1949 the migrant situation had become desperate. The fall of that year was especially warm in the Valley, and the cotton matured early. To get the harvest in quickly, the growers took on an extra large number of laborers. The cotton was soon picked, and many thousands of the workers, instead of continuing to earn until the end of January, found themselves unemployed. A long cold winter followed, with resulting hunger and sickness. More babies than usual died. The workers felt that the community was indifferent to their hardships.

Long before this, some public-spirited citizens and official and voluntary agencies had been concerned about the health and welfare of the laborers' families. The Division of Home Missions, of the National Council of Churches of Christ, had for many years provided community workers to the camps, and other religious and lay groups had also worked to help the families. The Fresno County health department had always given the people in the labor camps as much health service as distance and funds would permit. And, some time before the emergency struck, the newly organized health division of the Fresno County Coordinating Council had begun to mobilize the forces of public opinion toward improving the health of the families in the labor camps. This group worked with the established official and voluntary agencies in their efforts to help the families.

But so far little had been done for the migrants by the community, and the unemployment throughout the Valley in the winter of 1949-50 called for immediate measures.

The Governor thereupon asked the State Department of Public Health to call together representatives of the various State and local agencies of the Valley, to put emergency measures into action.

A report on the causes of infant deaths in the Valley counties, made by the State Department of Public

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**MRS. I. H. TEILMAN is vice chairman of the Rural Health and Education Committee, Inc., of Fresno County, Calif., a committee that represents every element of the community. The efforts of this group, described here, have brought opportunities for some community services to the families of migratory agricultural laborers in isolated camps.**

**Mrs. Teilman has written this article not merely with the idea of showing achievements, for she herself characterizes the results so far as only a drop in the bucket. Rather, her purpose is to point out how different groups in her community have been able to join hands and thus do much more than they could have done separately.**

**The author desires to gives credit to the many persons who are working on the project, especially to Mr. Tom O'Neill, Chairman of the Rural Health and Education Committee, Inc., and to Mrs. Hubert Wyckoff, Jr., Health Chairman for the Governor's Advisory Committee on Children and Youth.**

**Mrs. Teilman, a graduate of the University of California, has been health chairman for a number of organizations, among them California's State Federation of Women's Clubs and the Fresno League of Women Voters. She held the same office for the 1949 Fresno County Grand Jury and, from 1948 to 1950, for the Fresno County Coordinating Council. She is now President of the Coordinating Council and is a member of the California State Advisory Hospital Council.**

At one of the modern health centers for which several Fresno County cotton growers have given the buildings, a mother makes an appointment for a health examination for her boy.

Health, focused attention on the agricultural laborers' families. It pointed to their unemployment, their remoteness from medical care, their poor nutrition, and the lack of sanitation in their homes.

The various Fresno County agencies concerned with the migrants' problems formed a closer tie by establishing an interagency committee, whose purpose was to dovetail the various efforts and accomplish more than the agencies had been able to do separately.

The Fresno County Department of Public Health, with the help and guidance of the State Department of Public Health, organized and conducted child-health conferences and immunization clinics in the labor camps. The State health department also lent the services of a health educator.

The county chapter of the Red Cross sent its workers into the camps to conduct classes in home nursing and in mother and baby care.

Home advisers on the staff of the county's Agricultural Extension Service visited the cabins and tents to teach the mothers how to use the surplus foods that were distributed by the county Department of Public Welfare. (Migrants, not being residents of the State, could not be given relief money.)

The Fresno County General Hospital, which under ordinary circumstances does not admit nonresidents, temporarily waived this restriction and accepted children and pregnant women. (These are still admitted.)

Most of the services, of course, were provided only as temporary, emergency measures.

### Stopgaps are not enough

In the spring of 1950, a commission set up by the Governor of the State held public hearings in different parts of the Valley and recommended ways of permanently meeting the workers' problems.

The State personnel and the interagency committee continued their work until March 1950, when spring employment became available to the migrant laborers.

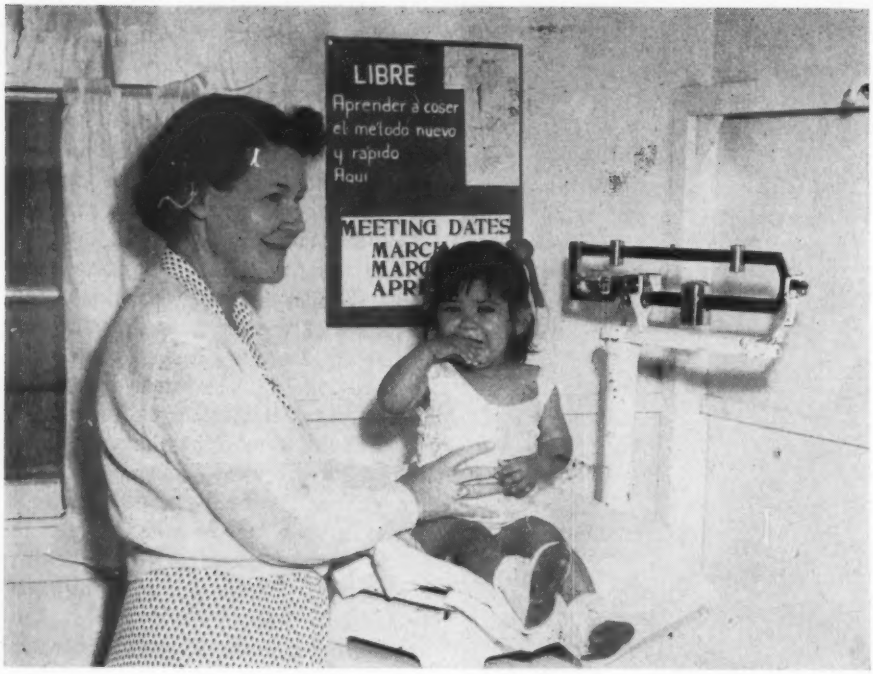
The State Department of Public Health asked the Federal Government to help with a 6-month study of the causes of infant diarrhea, which was then so prevalent in the San Joaquin Valley counties.

Fresno County was chosen as the location of the study, which included stool examination for more than 7,000 children 10 years of age and younger. The Public Health Service (now of the Department of Health, Education, and Welfare) assigned to the study a doctor who is an authority on diarrheal diseases.

The county health department's public-health nurses explained the purposes of the study to the mothers of the children and helped to get the cooperation of the growers. The nurses began by getting in touch with a few of the women they already knew —women who were less shy than the others and were potential leaders. These in turn invited other women to join them in forming camp health committees. These camp committees —20 to 50 women each—"sold" the idea to other women; members went from door to door, carrying the story to the various families. In each of 26 camps a cabin was set up as a temporary clinic headquarters for the diarrhea study, and each family was given an appointment.

When a family brought the children to the cabin serving as a clinic, the samples of stools were taken and the children immunized against communicable diseases. The camp committee helped list family members needing medical attention—crippled children, pregnant women, malnourished mothers and children, and so forth. (Members of the camp health committees now act as volunteer helpers at well-child conferences and other clinics, which have since been established.)

The women on the camp committees were enthusiastic about continuing to work for better health for their families. But it was clear that the cabins that had been used for the immunizations and the diarrhea survey were not suitable places for giving health services. They were not large enough and not clean enough. Both the nurses and the mothers felt strongly that well-equipped places were needed, where the children could be brought for health services, and where the Red Cross classes in home nursing and mother and baby




**The wife of a cotton-ranch owner helps out at one of the child-health conferences. The conferences are held in well-equipped buildings that have been given by several ranch owners.**

care could be given in proper surroundings. They discussed this need with some of the growers, and also the need for a place where children could be cared for while the mothers worked.

Soon after the diarrhea survey was completed, in December 1950, a member of the Governor's Advisory Committee on Children and Youth proposed to a small group representing the county departments of health, education, and welfare, and the Coordinating Council, that a health and welfare project be planned for the families. This member suggested that a foundation be asked to provide funds to start the work, with the expectation that after the project was well under way local funds would support it. A small committee, later named the Rural Health and Education Committee, was formed to carry out the project.

It was agreed that of all of the many needs of the distressed families, which the work of the interagency committee had made clear, two of the most urgent were (1) health centers near where the families live, and (2) care of children while the mothers work. The Committee set out to help fulfill these needs, and as many others as possible.

Complete information on the need for the project and the conditions under which it could be carried out was collected by the Rural Health and Education Committee and submitted to the Rosenberg Foundation. Late in 1951 the Foundation appropriated $22,000 for the project.

### All join hands

Since then the Committee has gradually expanded until it now includes about 60 members. Besides the official agencies for health, social welfare, education, and employment, the Committee now includes representation from such groups as the State Youth Authority, Fresno State College, the Red Cross, the Coordinating Council, the Fresno County Medical Society, the National Council of Churches, and the Agricultural Extension Service. Other members of the committee are clergymen, businessmen, wives of agricultural laborers, and growers. A grower serves as chairman of the committee—one of the many signs that the employers themselves are active in the community's efforts to help the migratory laborers' families.

Months before the Foundation funds were appropriated, the Fresno County Medical Society had agreed to help with the child-health conferences and with general medical and prenatal clinics. But before clinics could be established, a suitable place for holding them had to be found, and an appeal was made to the growers, through the county health department, to provide quarters for these services.

One of the growers, who is chairman of the Rural Health and Education Committee, had his permanent employees convert a barracks building on his ranch into a good building for a health center, and gave it for that purpose. These employees constructed cabinets, patients' examining tables, desks, a modern kitchen for use by classes taught by the Agricultural Extension Service, and a classroom for the Red Cross, as well as space for the clinics that were to be conducted by the health department. Other growers soon gave buildings, similarly equipped, and now six health centers are operating.

Curtains and other furnishings for the health centers were made by women of the camp health committees. Rosenberg Foundation funds helped to buy some of the instruments and other medical equipment, and the health department furnished medicines.

The clinics—general medical, prenatal, and well-baby—are staffed by resident doctors from the Fresno County General Hospital and doctors in private practice, most of whom live in Fresno. The county health department's public-health nurses work with the doctors and make follow-up calls. The adults' clinics are held in the evening, so that medical attention can be sought by the camp families without too much difficulty. The county welfare department helps to determine the families' eligibility for clinic service.

The first of the child-health conferences held at the new centers was opened in February 1951 and the first of the other clinics less than a year later.

In the beginning few patients came to the clinics, but as the news has circulated among the camps, attendance has increased greatly.

As an early step toward obtaining day care for children while their mothers work, it was necessary to let the west-side people see what centers for this kind of care are like. The Fresno public schools invited some of the growers, and the mothers on the camp health committees, as well as representatives of the west-side schools, to spend a day in the city's child-care centers. State Department of Education officials were invited to meet with members of the Rural Health and Education Committee.

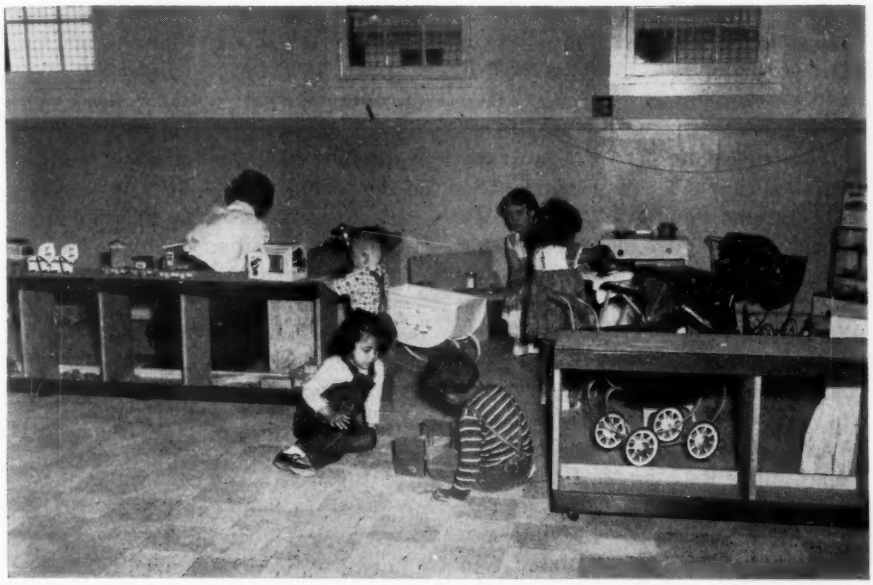
### Authorization by law needed

By the time these and other steps had been taken to help everyone concerned to become more familiar with the idea of child-care centers, public understanding had laid the foundation for starting a center. But at that time, although city school boards were authorized by law to establish child-care centers, rural ones were not. A bill was then pending to continue the child-care centers then existing in cities, but it did not authorize establishment of centers in agricultural areas. And without such a provision, no center could be opened on the west side.

The Coordinating Council wrote letters to all the legislators and also sent a representative to a hearing on the bill. Several of the west-side growers also went to the hearings and told of the urgent need for day care of children while their mothers were working in the cotton fields. These efforts were successful, and the new law when enacted made it possible for any of the west-side school boards to establish a child-care center when a ranch owner provided facilities for it. The law passed in June 1951, and the committee hoped that at least one center would open by the time the migratory workers arrived in September.

The school board obtained permission from the State Department of Education to establish a center, and levied a special tax to supplement the State funds; the board also applied successfully to the Rosenberg Foundation for funds to help operate the center.

In August the same grower who had given the building for the first health center offered a machine-shop building on his ranch for a child-care center. In consultation with the child-care department of the Fresno Public Schools he had the building remodeled so as to be suitable for such a center. A satisfactory and colorful building resulted, with junior-size toilets, low washbasins, a large playroom, a sleeping room, a large sunny kitchen, and so forth. Facilities for child-health conferences are in an adjoining building.



**While the mothers are picking cotton, some of their children are cared for in California's first rural child-care center. School buses now take children to and from child-care center.**

### Assistants given training

The staff, except for the well-trained head teacher, consists of local women; these were given in-service training, including the Red Cross course in home nursing. The fee paid by the parents is 6 cents an hour for each child; when two or more children are in the same family, the charge per child is lower. Only children who are over 2 years of age are admitted. Some of the parents drive 10 to 12 miles to bring their children to the center, and of course take them home again at night. This year school busses are taking children to and from the center.

The center did not open till the end of October 1951, when the cotton-picking was well under way. Because of the late start and the newness of the project comparatively few children attended during the first season, but as a pilot project it was satisfactory. In the fall of 1952, with continued help from the Rosenberg Foundation, the center reopened, and more children attended.

In the present cotton-picking season, the child-care center is again operating; also the child-health conferences, the prenatal clinics, and the clinics for general medical care. All are well attended.

Meanwhile, other aspects of the health and welfare project have continued.

The Agricultural Extension Service, which received part of the Foundation funds, now has one full-time home adviser working in the labor camps on the west side. Trying to help the families to live better on low incomes, she explains about the foods that are essential to health, and teaches the mothers to make clothing, and to mend and remodel it; also to use such materials as feed sacks. She

gives instructions in rug-making from scraps and burlap sacks; storing food and clothing in orange boxes and other crates; and making housefurnishings from whatever materials are available.

### Step-by-step advances

The work of the home adviser is particularly difficult. Many of the women in the migrant families feel that they already know how to cook well enough; others are shy and afraid they may be criticized. In the early stages of this work, most of the home adviser's time was spent in home visits. Now she has more time to hold classes (in the new child-care center), and some of the women are attending them.

The Fresno County Chapter of the American Red Cross has participated in the project in spite of a reduced budget and without any Foundation funds. Its workers have continued the classes in home nursing and mother and baby care that were begun during the emergency period.

The National Council of Churches is continuing its long-time work for the migrant families in this area. This project, called the Fresno Area Migrant Ministry, is separate from that of the Rural Health and Education Committee, although its director is a member of the Committee. The Council finances its own project, with the help of the Fresno Community Chest. Besides general welfare work and religious education, the project includes many recreational activities; it also offers parent education.

All this may sound like a success story in that many of the families now are getting some help. In fact, we of the Rural Health and Education Committee feel that the project has been fairly successful.

### Gains become clear

For example, we are told by the health department that the incidence of communicable diseases has been cut. Not a single case of diphtheria has been reported in the county since January 1, 1952, and much less diarrhea has occurred among the children whose mothers have been bringing them to the child-health conferences. The administrator of the county hospital points to a decrease in the need for hospitalization among the children of the west side. Again—and this is most notable—our county director of public welfare tells us that public funds for "indigent burial" of infants of west-side families are no longer needed.

The field director of the American Medical Association's Council on Rural Health, who had visited the west side before the project was started, visited it again later, and told us that he was gratified that the children have benefited so much.

Just as important as the improvement in health among these families is the fact that they now have a feeling of group participation and community responsibility.

The work of the Committee has been far from easy. Surveying the needs and planning the services were comparatively simple steps, but getting the families to join in the project has been another story.

Here we have families who live in a group, yet in the past have known nothing about getting together for the common good. Because of poor economic conditions and lack of opportunity in the places they came from, these people have become exceedingly fearful. Never having had any health or welfare services, many are reluctant to use them. It has taken special skill on the part of the nurses and other workers to gain the families' confidence.

The Rosenberg Foundation has continued to grant funds to the Committee, but these funds will not be available after November 1, 1953. After that time, the county government will take over the project; the growers, who have already contributed so generously, have agreed to underwrite half the cost.

We know that we have not yet been able to meet some of the problems, such as the need for better housing, with plumbing; and the need for fly control, lack of which adds to the spread of diarrhea.

Now that we have some facilities for taking care of children over 2 while their mothers work, we should like to do something about similar care for children under 2 years of age; for the need is very great. But special nurseries will be needed, and we have a long way to go before that goal can be attained.

Separately from the efforts of the Committee, the county is working to fulfill another aspect of the migrants' problems—the needs of the school children. Fresno County's Superintendent of Schools has recently announced that a $10,000 grant has been received from the Rosenberg Foundation to finance a study of these school children. The study, which will be directed by a general consultant of the elementary schools of the county, will be centered in 16 west-side schools.

The project is expected also to enable the schools to help the migrant children not only with their studies, but also with problems in health, citizenship, home life, and future vocations.

### What of the future?

In recent years more and more cotton-picking has been mechanized. Last year nearly two-thirds of the west side's crop was picked by machine, and this year the estimate is three-fourths. As this trend continues, less help will be needed, but some of the present laborers will be taught the skills necessary for machine work and will then hold stable jobs instead of having to follow the crops from place to place. It is hoped that in the long run the families of these workers will have a better lot than they have had in the past.

The Committee realizes that its work so far is only the proverbial drop in the bucket, even in our own county. Our hope is that this story will suggest that much more can be done, not only in this county, but in other areas with similar problems. And much *can* be done when all agencies and individuals concerned with the problems of the agricultural laborers work hand in hand to give these neglected people and their children a chance for better health and a happier life.

# CAN COST ACCOUNTING HELP SOCIAL AGENCIES?

JOHN G. HILL

FEW SOCIAL AGENCIES know either the aggregate or the unit costs of the services they are rendering. They know their total annual expenditures, of course, but few agencies render a single type of service, and the amount that each type is costing is usually unknown. A children's agency, for example, may supervise children in their own homes, place them in foster homes, and place them for adoption, and it may also operate an institution. The combined yearly cost of these operations will be a matter of record, but the cost of each, as a rule, will not.

Analyzing these costs is a complicated procedure because the nature of a social agency's work rarely permits the various services it offers to be sharply departmentalized. For instance, usually the same staff workers engage in foster care and in adoption work and provide casework service to children in their own homes and in institutions.

### Just where do the funds go?

What is of greatest importance, many agencies do not know how much of the money they are spending is going into services directly beneficial to the children or other clients and how much is going into what might loosely be called overhead expenses, such as case recording, staff supervision, staff and committee meetings, conferences, professional staff development, public relations, and similar activities. In the absence of any genuine controls some of these activities may develop an insidious habit of growing out of proportion to their intended purposes. Periodically computing the cost of these activities would provide the means and incentive for bringing them into line with the primary purpose of a social agency, which is to serve people.

Thus, if an administrator were sure about the cost of the different services of his agency and of the various processes that go into performing them, he would be in a position to cut a better pattern from the cloth he has. More service to clients probably would result. And even when the administrator finds it necessary to retrench he could probably do it more wisely and selectively.

Cost accounting has another important advantage that applies particularly to the children's field. This is the matter of fees for service. Fee scales, when parents and other clients are able to pay for service, would probably be more realistic if the costs of service were known. In adoption, an itemized statement of the cost of the services involved might help in charging proportionately for these services. It is possible that use of such a statement may even open the way for charging adoption fees in States where such fees are now prohibited.

When public funds are used to pay for the services of voluntary organizations — a practice common in the children's field—information on the actual cost of the services subsidized might lead to wiser allocations, and the public would have greater assurance about what it is getting for its money. In fact, purchase of care at cost would be more equitable than flat subsidies.

Similar agencies functioning in the same fields of social work could furnish cost-accounting data for comparisons among those agencies; and this would probably lead to formulation of new administrative and operational standards more specific than the ones agencies now have to guide them. In the children's field, for example, a range of the service and administrative costs for an adoption, or for a day's care, per child, in foster care or in a nursery would be a helpful yardstick that could be developed from data on costs of operating child-caring agencies.

A little more than a year ago, Family Service of Philadelphia, one of the 10 largest family agencies in the country, completed an analysis of its costs, made by applying cost-accounting techniques.

This experience with cost account-

(*Continued on page* 45)

**A social agency is better able to fulfill its purpose when it knows how much of its money is used for service that directly benefits people and how much goes into overhead expense.**

**JOHN G. HILL is Research Director of the Health and Welfare Council, Inc. of Philadelphia. In his recently completed study of the Family Service of Philadelphia, cost-accounting principles and techniques were for the first time used in analyzing the costs of the services rendered by a casework agency.**

# TO MAKE THIS COUNTRY PROUD OF US

**RICHARD BARNES KENNAN**

"WE HOPE to make this country proud of us," said Miriam Werth, 19 years old, one of a group of 50 foreign-born persons who had just become citizens of the United States. Miss Werth, a "displaced person," born in Austria, spoke these words at the opening session of the Eighth National Conference on Citizenship, which met at Washington September 17-19 under the auspices of the U. S. Department of Justice and the National Education Association.

For that session, which took place on the 166th anniversary of the signing of the Constitution of the United States, the presiding judge of the U. S. District Court of the District of Columbia, the Hon. Luther W. Youngdahl, had designated the scene of the Conference as a courtroom for the purpose of admitting new citizens. Judge Youngdahl administered the oaths of allegiance.

### September 17 is Citizenship Day

This is the second year that a court has granted naturalization in connection with the Citizenship Conference. Both last year and this year the naturalization took place on September 17, the date that Congress in 1952 designated as Citizenship Day.

The 50 new citizens were welcomed by a native-born American, Nancy Watkins, who reached voting age this year. Miss Watkins said, "In all its history, America has opened its doors to people from other lands. The vitality they have brought to this country, in exchange for the unique liberties and opportunities it has given them, has shown this to be one of the most successful experiments in history."

Each year since 1946 the Conference has brought together representatives of organizations in every part of the United States that are interested in the rights and responsibilities of citizenship. This year about 800 organizations—civic, youth, religious, veterans', educational, and other—were represented by about 1,000 persons, many of them teenagers. They came from every State in the Union and from each of the Territories and the District of Columbia.

At each of the National Conferences on Citizenship every delegate, regardless of age, race, creed, or any other factor, has participated in a discussion group. Even those who could not speak for themselves, on account of physical disability, have taken part in the discussion groups through interpreters.

On the second day of the Conference, "Youth Evening" brought boy and girl speakers to the fore. The youngest one was Adelaide Nacamu, of Peekskill, N. Y., who was born in Italy and whose father was born in Germany. Miss Nacamu told the Conference:

"Three years ago I became a citizen of the United States under my own name. (I had actually become a citizen prior to that time, but that was under my father's name, for I was a minor.)

"I can remember the thrill when the officer called out my name, and I can still feel the lump rising in my throat when I answered to it.

"As I placed my hand over my heart and pledged allegiance to the flag the words took on a new significance. I had said those words over and over again in school, but that day they meant something new. Now when I say, 'I pledge allegiance to the flag of

**RICHARD BARNES KENNAN is Secretary of the Commission for the Defense of Democracy through Education, National Education Association, and Consultant to the NEA Citizenship Committee.**

the United States of America and to the Republic for which it stands,' I feel as if these lines were written for me—and they were!! They were written for me and for every other American citizen.

"After I again raised my hand and swore to support the Constitution and obey the laws of the land, it was over. I had all the rights and responsibilities of a citizen.

"Some people have a wrong idea about democracy. They think that democracy is supposed to give us certain rights—for free. But this is not true. Every right involves a responsibility. Anyone who claims his rights without also fulfilling his responsibilities is taking something that does not belong to him.

"I am, as is every American, proud and happy to be able to be of some service to the United States, because the reward is tremendous. Yet, I try never to belittle other countries, since they are important to the success and happiness of our own.

"Since that day 3 years ago when I became a citizen, I have been and still am proud to say that I am an American."

The keynote address was made by the Hon. John J. Parker, Judge, United States Circuit Court of Appeals, Fourth Judicial District. To the question "What price freedom?" (this question was the theme of the Citizenship Conference) Judge Parker answered: "Work, vigilance, endless effort, self-denial, sacrifice . . ."

Among others who addressed the Conference were the Hon. Herbert Brownell, Jr., Attorney General of the United States; Dr. William A. Early, President of the National Education Association; and the Hon. Argyle R. Mackey, Commissioner of Immigration and Naturalization, Department of Justice.

The findings of the discussion groups were presented to the final session of the Conference by Dr. William S. Vincent, Executive Officer of the Citizenship Education Project of Columbia University.

### What is freedom?

Dr. Vincent left no possibility for complacency on the part of those who participated in the Conference. He pointed out that there had been a wide variety of opinions among the conference delegates concerning the exact nature of freedom. And he warned, "Ignorance of what freedom is, on the part of our own people, is a *very dangerous thing*. You can lose freedom if you don't know it when you see it—if you pursue a thing you think is freedom when it isn't freedom at all."

Later Dr. Vincent referred to another finding of the group discussions—that "the essence of freedom is this: those who are affected by decisions have some voice in the making of these decisions. This does not mean that everybody is going to get his way. But everybody has the right to voice his way and to press for it. It is in this way that progress is made toward the ideal objective of our society."

**Some group leaders at the Eighth National Conference on Citizenship take part in a demonstration group discussion. The leader shown fourth from left in the picture is a teen-ager.**

## COST ACCOUNTING

(*Continued from page* 43)

ing has demonstrated some of the potential advantages to other casework agencies, besides those in the family field.

The cost data gave the staff, the administrator, and the board of directors a clearer picture than they ever had before of how the agency funds and staff time were being spent.

The general result was a reappraisal and replanning of many phases of the agency's day-to-day activities. This was done with regard to scheduling meetings and conferences, using staff supervision, and carrying out procedures concerning case recording and case handling. Statistical compilations were simplified, and new standards were set for the daily average number of client interviews per worker.

During the first year after the study, the agency found it possible, without impairing the quality of service in the least, to provide more service to clients for approximately the same amount of money as it was spending 5 years ago, despite the marked increases in salaries and other costs during that period.

Because of the differences between business enterprises and welfare agencies, a number of adaptations in standard cost-accounting methods are necessary in applying them to social agencies. In response to numerous requests, the methods used in the study made by the Family Service of Philadelphia have been described in detail in a cost-study manual to be published by the Service very soon. This manual sets forth not only the detailed procedures used, but also the reasons for each step, in the hope that it will be of use to other casework agencies, both public and private, in which there is interest in attempting to apply cost accounting to their work. When the manual is off the press, copies may be purchased from Family Service of Philadelphia, 311 South Juniper St., Philadelphia 7.

## HANDICAPPED

(*Continued from page 37*)

dren's Home Service comes from voluntary contributions, from nominal fees paid by the hospitals that refer children to us, from grants by a few funds and foundations, and from fund-raising benefits of various types. The Service makes no charge of any kind to the families of the children visited. Obtaining adequate financial support is not always easy for an organization doing work like this; for these are the children you seldom see, and it is sometimes hard to dramatize their need. An important reason for the financial problems the Service has experienced occasionally is that when it first began, no one realized that its value would result in so much expansion, and therefore it has grown faster than its financing. When these children's needs *can* be presented to the community effectively, the public responds generously.

Problems will be encountered wherever such a service is established. No matter how many children need the help, and no matter how many people are interested in volunteering, it is not always possible to keep the number of children and the number of visitors balanced—especially as visitors can by no means be assigned indiscriminately, for child and visitor must be suited to each other as much as possible.

Another serious question is what to do when a boy or girl who has been visited for several years reaches the limiting age level of 21, if no program of aid to handicapped adults is available. For even cities with good rehabilitation and employment programs for the handicapped who are up and about seldom have suitable programs for the bedridden.

The experience of the Handicapped Children's Home Service indicates clearly that the benefits of such a program are not confined to the children themselves. Home visits give great help and encouragement to the other members of the child's family. Also, this work is of direct, practical usefulness to hospital personnel. Again, it offers valuable training and experience to student visitors, and to non-students an opportunity to make a worthwhile contribution to the well-being of children whose lives are severely restricted. And, through the visitors, staff, and supporting agencies, it helps make the community increasingly conscious of the needs and problems of the home-bound handicapped child.

## IN THE NEWS

**Child-welfare personnel.** On June 30, 1952, nearly 4,900 persons were reported as being employed full time in professional positions in the child-welfare programs of State and local public welfare agencies. This number, the largest ever reported, exceeded the number employed on June 30, 1951, by 5 percent. Over 1,400 clerical personnel working full time in the public child-welfare program were aiding this professional staff.

Services to children were also provided by State and local public welfare agencies through about 3,400 general welfare workers, primarily public-assistance workers. This latter group, however, served a relatively small proportion of children—less than a fifth of all the children receiving public child-welfare services.

The reports came from all the States, the Territories, and the District of Columbia. Data for California, Kentucky, Maryland, and Pennsylvania were incomplete. It is estimated that if all the States had reported completely, there would have been, at the time the reports were made, an additional 200 public child-welfare employees in professional positions throughout the country.

**Orphans.** Public Law 203, the Refugee Relief Act of 1953, approved August 7, 1953, includes a provision for issuance of not more than 4,000 special nonquota immigrant visas to eligible orphans under 10 years of age by December 31, 1956. The total program, including that concerning the orphans, will be carried out by the Administrator, Bureau of Security and Consular Affairs, Department of State, Washington 25, D. C.

Another law, Public Law 162, approved July 29, 1953, provides for entry into the United States of not more than 500 orphans under 10 years of age, who have been adopted abroad or are to be adopted in the United States, by United States citizens serving abroad in the United States Armed Forces or employed abroad by the U. S. Government. December 31, 1954, is the deadline for the issuance of special nonquota immigrant visas under this law.

**Births.** If 1953 continues to lead 1952 in the number of births, as it has done so far, a new all-time high will be established. During the first 7 months of this year the estimated total births, adjusted for underregistration, was 2.5 percent higher than last year's figure, according to the National Office of Vital Statistics, Public Health Service, Department of Health, Education, and Welfare.

Since the end of World War II, more babies have been born every year than in any wartime or prewar year. From 2,858,000 registered and unregistered live births estimated for 1945, the total soared to 3,817,000 in 1947. After dropping to a slightly lower level for the next 3 years, birth totals reached a new high in 1951, broke the record again in 1952, and probably will top 1952's figures in the present year.

**Accidents.** The death rate from accidents among boys and girls aged 1-19 was cut only 16 percent during the period 1940-49; the reduction in the rate for all other causes of death in that age group was 46 percent.

**Cerebral Palsy.** Concerning the article published in the August-September *Child*, "Cerebral-Palsied Children Attend Special Classes in Public Schools," by Helen M. Wallace, M.D., Leona Baumgartner, M.D., and William Cooper, M.D., Dr. Wallace writes: "We failed to mention that in 1952, and again in 1953, United Cerebral Palsy of New York, Inc., has given the program about $60,000. Without these generous contributions, and the organization's interest and cooperation, the city's Department of Health and Board of Education would not be able to give cerebral-palsied children as much service, or as high-quality service, as these children are now receiving."

**Omission.** In the October issue of *The Child*, we published an article by Mrs. George W. Gibson, "A Mother Speaks," which was given at the Fifth American Congress on Obstetrics and Gynecology. But we accidentally omitted to say that this article is one of a series of four papers on the doctor-nurse-patient relationship in maternity care, which appeared as part of the Transactions of that Congress, edited by George W. Kosmak, M.D. We regret this omission.

## FOR YOUR BOOKSHELF

WE ADOPTED THREE. By Ernest Cady. William Sloane Associates, New York. 1952. 250 pp. $3.50.

Besides three adopted daughters, this couple has a son, who was born to them 9 years before the first adopted daughter joined the family. This baby girl was obtained through a child-placing agency, the second through a physician, and the third through a domestic-relations court.

The book gives an account of happy family life, with reassuring discussion of the fact that the things that happened might have been just as varied and unexpected even if all the children had been born to the parents.

Although at times the author seems to overemphasize the fact of adoption, this attitude probably was not so evident in the actual life of the family. In any event the intelligent and unusually sympathetic understanding shown by the parents would undoubtedly tend to minimize this.

An adoption worker might well suggest this book to a family about to adopt a child, or to one that needs reassurance about the normality of a child's unexpected behavior.

**I. Evelyn Smith**

THE CHILD WITH EPILEPSY (CB Folder No. 35). 15 pp. THE CHILD WHO IS HARD OF HEARING (CB Folder No. 36). 14 pp. Federal Security Agency, Social Security Administration, Children's Bureau. Washington. 1952. For sale at 5 cents each by the Superintendent of Documents, Government Printing Office, Washington 25, D. C. Single copies available from the Children's Bureau without charge.

Workers in programs for handicapped children often need simply worded material that they can recommend to fathers and mothers of such children. Such information is given in folders issued by the Children's Bureau.

"The Child With Epilepsy" describes this condition, estimates how many children have epilepsy, and outlines the kind of care such children need. It points out that children with epilepsy can go to a regular school if their seizures are largely controlled, and tries to dispel some of the myths surrounding the disease.

"Most hearing loss in children is the result of repeated colds and infections in the ears, nose, and throat," says "The Child Who Is Hard of Hearing," and it adds that quick attention to any infection of this kind will prevent most hearing loss. The pamphlet offers hints to parents on how to help their child if he does not hear well.

CHILDREN WITH IMPAIRED HEARING; an audiologic perspective. By William G. Hardy. Federal Security Agency, Social Security Administration, Children's Bureau. CB Pub. No. 326. Washington. 1952. For sale at 5 cents each by the Superintendent of Documents, ments, Government Printing Office, Washington 25, D. C. Single copies available from the Children's Bureau without charge.

Much has happened in the past 10 or 15 years to motivate changes in an approach to the problems of children with impaired hearing, says Dr. Hardy.

The result has been the emergence of a new branch of science called audiology. Audiology is a highly derivative, eclectic field of knowledge. It represents a synthesis of several fields—among them otology, physics, psychology, linguistics, biophysics, psychoacoustics, and pedagogy—undertaken for a specific purpose: to study and to treat the problems that relate directly to hearing and hearing disorders. The bibliography of research and clinical findings on these problems has multiplied a hundredfold in the past decade.

With this surge of interest there has come a new perspective, focused on both philosophy and methodology, and with the emphasis on prevention. This perspective involves a combination of medical and nonmedical methods and techniques and attitudes wherein the problems of impaired hearing are not the work of a narrow field of specialization but of the special interests of seven or eight fields of knowledge which find a common ground in appraising and meeting the needs of the person with impaired hearing. This is the audiologic perspective.

Dr. Hardy lists seven steps in an approach to the problem of impaired hearing in children. (Only the first four or five, he says, are pertinent for most children with hearing impairment.) The steps are: Public education, regarding both hearing and hearing impairment; adequate case-finding; thorough diagnostic examination; medical and surgical treatment as indicated; audiologic study and consultation; appropriate special education; and vocational rehabilitation and training.

GUIDE FOR STUDY GROUP LEADERS. Family Life Education Program of the Toledo Public Schools, Board of Education Annex, 1916½ Vermont Avenue, Toledo 2, Ohio. 1953. Processed. 42 pp. $1 postpaid.

The program for which this Guide has been prepared used workshops as a method of training lay people for leadership in parent education. Though the bulletin places more emphasis on philosophy than on techniques, it describes many practical aids to communication.

The bulletin includes a form for indicating a participating observer's impressions of what takes place at a meeting; such a form can serve as a useful basis for discussions.

•

"Does a 5-year-old child have any cash value? What, if anything, is it worth to restore a crippled person, who is a care upon his family or a burden on his community, to a position where he may become self-supporting and self-respecting once more? What is the cash value of a healthy mother, as compared with a sickly mother? . . . Are the lives of our children and the health of our mothers worth anything at all? . . . I think our children are worth much more than all the millions of Detroit and Chicago put together."

**—George D. Aiken**

## CALENDAR

**Dec. 2-5.** American Public Welfare Association. Biennial Round Table conference. Chicago, Ill.

**Dec. 10.** Human Rights Day. 5th anniversary of the Universal Declaration of Human Rights.

**Dec. 26-31.** American Association for the Advancement of Science. 120th annual meeting. Boston, Mass.

**Dec. 27-30.** American Statistical Association. 113th annual meeting. Washington, D. C.

**Dec. 28-30.** American Anthropological Association. 52d annual meeting. Tucson, Ariz.

**Dec. 28-30.** American Economic Association. 66th annual meeting. Washington, D. C.

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**Cover, Esther Bubley.**
**Pp. 34-36, courtesy of the Author.**
**Pp. 39 and 40, courtesy of the Fresno Bee.**
**P. 41, courtesy of the Westside School District, Fresno County, Calif.**
**Pp. 44 and 45, courtesy of the National Citizenship Committee.**

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